

TARGETED CASE MANAGEMENT
TABLE OF CONTENTS

| | |
|--|----|
| Introduction | 2 |
| Target Population | 2 |
| Provider Qualifications | 2 |
| Assurances Necessary for Federal Approval to Provide TCM | 3 |
| Client Eligibility | 3 |
| Provision of TCM | 4 |
| Core Elements Functions | 5 |
| TCM Encounter | 7 |
| Reimbursement for TCM Encounters | 7 |
| Documenting TCM Encounters | 7 |
| Third Party Insurance Reimbursement of TCM for Adults | 8 |
| TCM Data Collection | 9 |
| TCM Encounter Billing Process | 10 |
| APPENDIX A (Alabama Insurance Providers Who Do Not Provide TCM Coverage) ... | 11 |
| APPENDIX B (FCBS Adult Clients – PSTCZ014) | 13 |
| APPENIX C (County Access to FCBS/TCM Application | 15 |
| CONFIDENTIALITY AGREEMENT | 16 |
| Instructions for Data Entry on FCBS | 20 |
| APPENDIX D (FCBS REEVALUATIONS AND REDETERMINATIONS DUE – PSTCZ025) . | 24 |
| APPENDIX E(FCBS REEVALUATIONS AND REDETRMINATIONS PAST DUE–PSTCZ026)25 | |
| APPENDIX F (ADULT SERVICES MONTHLY CASSELOPAD REPORT – PSTCZ027A) | 26 |
| APPENDIX G (LISTING OF ADULT TCM PROVIDERS – PSTCZ006) | 27 |
| APPENDIX H (SUMMARY OF RECORDED TCM PAYMENTS – PSTCZOO4A) ... | 29 |

Introduction

Targeted case management (TCM) is a program of services to assist specifically identified groups of persons in gaining access to needed medical, social, educational, and other services. The Alabama Medicaid Agency (AMA) provides reimbursement for provision of targeted case management services to Medicaid eligible persons who meet specified criteria.

The AMA State Plan was amended effective April 1, 1994 to identify adult protective service individuals as a specific group of persons eligible for targeted case management services.

Target Population

The specific adult population to be served through TCM consists of individuals 18 years of age or older who are:

- a) At risk of abuse, neglect, or exploitation; or
- b) At risk of institutionalization due to his/her inability or his/her caretaker's inability to provide the minimum sufficient level of care in his/her own home.

A person in this targeted group may reside in his/her own home, the household of another, or a supervised residential setting such as a foster home or an assisted living facility.

Targeted case management services will not be provided to individuals:

- who receive care in total care environments such as a nursing home, hospital, ICF/MR facility, residential treatment facility, jail; or
- * who receive services through a home and community based waiver (Elderly and Disabled Waiver, Homebound Waiver, or Mentally Retarded/Developmentally Disabled Waiver).

Targeted case management will not be reimbursed by AMA for:

- individuals who are members of other target groups. (Other approved target groups for adults are: mentally ill adults; mentally retarded adults; pregnant women; AIDS/HIV-positive individuals; and persons with severe renal failure.)

Provider Qualifications

In order for any provider to receive reimbursement for provision of targeted case management services to adult protective service individuals, the provider must be certified as a Medicaid provider meeting certain criteria which include: demonstrated management, demonstrated experience, supervision, administrative capacity, financial management system, documentation, ability to provide freedom of choice, and capacity to service the population.

The Department of Human Resources meets these criteria to provide targeted case management for adults. Individual case managers must meet the following minimum qualifications:

- 1) Hold a Bachelor of Arts or a Bachelor of Science Degree, preferably in a human services field (BSW degrees meet these criteria), and
- 2) Be employed as a social worker who is licensed as a social worker by the State of Alabama or exempt from licensure, and
- 3) Complete training in a case management curriculum approved by the Department of Human Resources, the adult protective service department authorized by statute, and the Alabama Medicaid Agency.

Assurances Necessary for Federal Approval to Provide TCM

In order for the Health Care Financing Administration to approve the AMA's State Plan amendment to provide targeted case management for adult protective service individuals, the State assured that the provision of case management services will not restrict an individuals free choice of providers. Specifically, individuals will have free choice of providers of targeted case management and of other medical care under the Medicaid State Plan.

Individual requests for assignment of another case manager within the Department or for transfer to another entity approved to provide targeted case management service to adult protective service individuals must be honored. Currently, there are no other agencies or private individuals who are TCM providers for adult protective service individuals through the Medicaid Agency.

In addition, payment for TCM cannot duplicate payments made to public agencies or private entities under other program authorities for the same purpose. Therefore, case management services may not be reimbursed under both a Waiver program and the TCM program nor can TCM reimbursement be made to two agencies for the same period of time.

Further, reimbursement may not be claimed from both an insurance provider and the Alabama Medicaid Agency. No Medicaid reimbursement may be made to the Department if a client has health insurance which covers targeted case management services. A survey completed by the Adult Services Division in 1994 indicates no insurance carriers in Alabama provide TCM coverage for adults at this time. Refer to "Third Party Insurance Reimbursement for TCM for Adults" in Appendix A at the end of this Chapter.

The Department will continue to fulfill its responsibilities to adults in need of protective services regardless of eligibility for Medicaid or other reimbursement for provision of those services.

Client Eligibility

All clients receiving adult protective services (including preventive protective services) or clients at risk of institutionalization are eligible for targeted case management services. Medicaid provides reimbursement to the Department for services to those individuals who are Medicaid recipients and who meet certain additional conditions and who have an encounter during a month as defined later in this chapter. (Material deleted.)

The "Application for Services", DHR-FSD 1966 (revised 5/95), is required for each client identified as eligible for targeted case management services. The following are required on the application:

1. Targeted case management must be listed under "Services Requested" as part of an audit

- trail; and
2. Third Party Health Insurance information as reported by the client must be recorded ; and
 3. A Social Security number must be recorded when available in order to verify Medicaid eligibility.

Applications for TCM should be completed on all clients receiving protective services or services to reduce the risk of institutionalization except for:

1. Nursing home residents.
2. Individuals who are in the hospital.
3. Medicaid Waiver recipients.
4. Individuals assisted at Intake and no case is opened for services.

Except as noted above, an application for TCM should be taken on all clients regardless of their Medicaid eligibility.

Applications may be signed by a relative or responsible person if the client is unable or unwilling to do so if that relative or responsible person has been involved in planning the provision of services to the client. Workers may not sign applications on behalf of clients.

Foster care providers may not sign TCM applications on behalf of the client.

If the client, relative, or responsible person refuses to sign an application for TCM services, only investigative and non-TCM case management services may be provided to that client in accordance with existing policy.

The application may be taken at any time during a protective service investigation, however, more client cooperation can be expected after some rapport is established with the client. In no way should the taking of an application interfere with the progress of an investigation.

A "Notice of Action Taken on Services", DHR-FSD-1967, should be sent to clients when TCM services are initiated.

If an individual applies for TCM and does not meet the criteria of being at risk of abuse, neglect, or exploitation or institutionalization, a FSD-1968 "Notice of Reduction/Termination of Services" should be sent denying the application. When TCM services are provided and the case is closed, a 10-day advance notice should be sent to the client as it would be for other Departmental services.

Provision of TCM

Targeted case management services may be provided to an eligible client as often as necessary but the client must be seen and the case plan evaluated at least once every six months to help ensure the protection of the client or decrease the risk of institutionalization. There is no requirement, at this time, that TCM recipients be seen every month. Refer to policy for frequency of contacts for other specific case services.

TCM Activities Section Deleted**Core Element Functions of TCM**

Targeted case management is delivered through a variety of case management functions. These functions are referred to as the core element functions of TCM. For documentation and audit purposes it is important to identify the type of core element function taking place. These core element functions may be delivered in any setting, including the client's home, a foster home, day care center, social service agency, doctor's office, DHR office or a relative's home.

Core element functions include:

***assessing the need for services** - The case manager will develop a written comprehensive assessment of the person's assets, deficits, and needs for medical, social, educational, or other services. Specific assessment activities include: taking client history, identifying the needs of the individual, and completing related documentation. Assessment also includes gathering information from other sources such as family members, medical providers, and educators, if necessary, to form a complete assessment of the Medicaid eligible individual. Assessment includes investigation of allegations of abuse, neglect, or exploitation. Composing an initial report to accompany a petition is an example of an assessment function. The following areas must be addressed in the assessment when relevant:

- 1) Identifying information,
- 2) Socialization/recreational needs,
- 3) Training needs for community living,
- 4) Vocational needs,
- 5) Physical needs,
- 6) Medical care/nutritional concerns,
- 7) Social/emotional status,
- 8) Housing/physical environment,
- 9) Resource analysis and planning,
- 10) Transportation and other service needs.

***case planning** - The case manager will develop a systematic, client-coordinated plan of care which lists the actions required to meet the identified service needs of the client. The plan is developed through a collaborative process involving the recipient, his family or other support system, and the case manager and is reviewed at least every six months. The case plan must identify needs which have not been adequately met and a time frame to reassess service needs, and may include activities such as ensuring the active participation of the Medicaid eligible individual.

***arranging services** - Through linkage, the case manager will connect the client with the appropriate persons and/or agencies through calling and/or visiting these persons or agencies on the client's behalf. This service includes arrangements with neighbors, relatives and other available resources. Making referrals to providers for needed services and scheduling appointments may be considered case management. Conferring with an attorney prior to a hearing is an example of the arranging function.

***social support** - The case manager will, through interviews with the client and significant others, determine whether the client possesses an adequate personal support system. If this personal support system is inadequate or nonexistent, the case manager will assist the client in expanding or establishing such a network through linking the client with appropriate persons, support groups and/or agencies.

***reassessment/follow -up** – This component includes activities and contacts that are necessary to ensure the care plan is effectively implemented and to adequately address the needs of the Medicaid eligible individual. The case manager will evaluate through interviews and observations the progress of the client toward accomplishing the goals listed in the case plan at least every six months but as often as the case situation requires. Gathering information for a subsequent court report is follow-up. In addition, the persons and/or agencies providing services to the client will be contacted and the results of these contacts, together with the changes in needs shown in the reassessments, will be utilized to accomplish any needed revision to the case plan. Document in the case record when circumstances beyond the worker's control prevent contact with a service provider.

***monitoring** - The case manager will ascertain on an ongoing basis what services have been delivered and whether they are adequate to meet the needs of the client. Adjustments in the plan of care may be required as a result of monitoring.

The following are **NOT** targeted case management core element functions:

1. Transportation only - Contact in which transportation or escort service is provided to the client directly by the case manager is not a TCM core element function.
2. Counseling - Contact for the sole purpose of counseling is not a TCM core element function. For example, advising the client on the pros and cons of alternative living arrangements and why a move needs to be made is not a TCM core element function. However, providing information and assisting the client in developing a case plan related to housing is a TCM core element function of "case planning".
3. Case Manager activities related to approval and reapproval of a foster home are not TCM core element functions.

TCM Encounter

AMA has agreed to reimburse DHR for TCM core element functions when an encounter with an eligible client takes place during a month. DHR and AMA have defined an encounter as a face-to-face or telephone contact with the client or on the client's behalf with a family member, significant other (includes foster provider), or another agency from which the client receives or may receive services during which a core element function is performed.

Reimbursement for TCM Encounters

The Alabama Medicaid Agency (AMA) will provide reimbursement for one encounter per month for Medicaid recipients served under the following circumstances:

- 1) the individual resides in his/her own home, the household of another, or a supervised residential setting;
- 2) the individual does not receive case management services through a home and community based waiver program;
- 3) the individual is not served by another TCM provider as evidenced by a claim for payment during the month in which DHR is seeking reimbursement;
- 4) the encounter is provided by a social worker certified to provide targeted case management for adults; and
- 5) there is a current case plan which identifies the medical, nutritional, social, educational, transportation, housing and other service needs which have not been adequately met. The case plan must also include a time frame to reassess service needs.

Documenting TCM Encounters

Targeted case management encounters must be documented on the worker day sheet and in the case record.

1. Worker Day Sheets (DHR-DFC-1669 Revised 5/90)

Targeted case management encounters must be recorded on the worker's day sheet. In the "Comments" column for TCM contacts, indicate the specific core element function of Assessing, Case Planning, Arranging, Social Support, Reassessment/Follow-up, or Monitoring for assistance in narrative recording. The location of the encounter must also be recorded by checking either Office, Field or Phone on the 1669 form.

1. Case Record

Each TCM encounter should be recorded in the case narrative, or verified by specific documents

filed in the record, to support what is recorded on the worker day sheet. Summary recording as described in Chapter I, Section C, may be used for multiple TCM encounters. However, the first encounter of the month should be specifically documented in the case record by date and nature of contact.

Documents which represent a face to face contact with the client or collateral which can be used as verification of an encounter include copies of referral forms or application forms signed by the client or client's representative during face to face contact with the client. The date of the TCM encounter and the signature of the client or the client's representative must be on the document.

Each TCM recipient's case record must contain a current comprehensive service plan which identifies the medical, nutritional, social, education, transportation, housing and other service needs which have not been adequately met and a time frame to reassess service needs. The DHR-ASD-1897 "Client Assessment Summary" should be used for all TCM cases. The DHR-APSP-1897 addresses all required areas of TCM assessment. When a case is closed after the assessment or investigation, the case record should indicate the client's service needs are being adequately met.

When a case is closed after the assessment or investigation, the case record should indicate the client's service needs are being adequately met.

It is important that narrative recording reflect the provision of TCM core element functions. Using TCM definition terminology such as "assessing, planning, arranging, supporting, providing follow-up, or monitoring" in narrative recording will provide a clear audit trail of TCM service provision.

Examples include:

"Arrangements were made for Ms. Jones' neighbor, Mrs. Smith, to prepare her breakfast every Saturday and Sunday."

"I assessed Mr. Jones' ability to protect himself from neglect."

"I contacted the East Day Care Center to follow-up on Mr. Jones' reported absence."

"Together Mr. Jones and I planned actions to be taken to improve his home environment over the next two months."

A core element, or elements, may be repeated each month. When documenting a TCM core element, use the key word for the activity which best represents the function being performed.

The "Adult Services Case Plan/Initial and Reviews", DHR-APSP-1897, meets the requirements for TCM reassessment/follow-up.

Third Party Insurance Reimbursement for Targeted Case Management for Adults

The Alabama Medicaid Agency is a payer of last resort. Therefore, if a client has Medicaid and health insurance which covers targeted case management services, the Department must seek

reimbursement for services from that insurance provider prior to making a claim with Medicaid.

The Department has surveyed insurance providers in Alabama and has located no provider who covers targeted case management services for adult protective service individuals. Attached at the end of this chapter in Appendix A is a list of providers who have responded as not providing reimbursement for TCM services. If a client has health insurance with a company not listed, it will be necessary to obtain sufficient information from the insurance company to determine whether they provide TCM coverage. If it is determined the client has coverage, it will be necessary to exclude the client from TCM billing to Medicaid and to claim reimbursement from the insurance company. Call the Office of Adult Services for assistance with claiming procedures.

TCM Data Collection

Data should be collected on encounters during each month with all clients receiving targeted case management regardless of their Medicaid eligibility. Collecting data on encounters with all TCM clients is an important part of the TCM rate setting process. NOTE: TCM encounters may not be reported on nursing home residents, individuals in the hospital, Medicaid Waiver recipients, individuals assisted at Intake when no case is opened to service and individuals who refuse to apply for TCM. These individuals are ineligible for TCM.

Workers may use the monthly turnaround document, FCBS Encounters For Adult Services, (PSTCZ014) or the worker day sheet (DHR-DFC-1669) to indicate the date of the first encounter during the month for TCM clients.

The monthly turnaround document is printed downline after the close of business of the 15th calendar day of each month. New clients or clients not listed are to be written in at the bottom of the list.

When the worker day sheet is used as the TCM data collection instrument, the day sheet must be legible and the following information recorded:

- the client's SSN (if available);
- * the client's full name;
- client's case number;
- * case manager's name; and
- case manager's SSN.

Reimbursement for TCM for adults is limited to an encounter with one Medicaid eligible person per family unit per month. Therefore, when TCM is provided to a husband and wife, a sibling group, or a parent and child, living in the same household, only one encounter should be reported.

When a worker sees multiple clients in a congregate setting who are not members of a family unit, an encounter may be reported for each client for whom a TCM core element function is performed. Reassessments completed in an adult day care center are examples of TCM provided in a congregate setting.

The encounter dates are entered by the local data entry operator into the Federal Claiming and Billing System (FCBS). The dates should be entered into the system by the 15th calendar day of each month following the month of service.

TCM Encounter Billing Process

AMA will reimburse DHR according to an agreed upon rate when there is at least one encounter between a certified provider and a Medicaid TCM recipient/collateral during any given month.

Data collected by County Departments on the turnaround document, FCBS Encounters for Adult Services, or on Worker Day Sheets is entered on the Federal Claiming and Billing System (FCBS). See Appendix C for instructions on authorizing system users and accessing FCBS.

A system match is completed to determine Medicaid eligibility of each client. FCBS then identifies the TCM encounters with Medicaid eligible clients by certified case managers. These encounters are then submitted to Electronic Data Systems (EDS), Medicaid's fiscal intermediary, for reimbursement.

EDS determines whether there is a long term care provider for each encounter claim and whether there has been any other TCM claim paid for an eligible Medicaid recipient for the month in which DHR is claiming reimbursement. If targeted case management is billed by more than one agency for the same client in the same month, the Alabama Medicaid Agency will reimburse for only the first TCM bill received for a given month and will deny all other claims. Other agencies claiming TCM for adults are the Department of Mental Health/Mental Retardation and the Department of Public Health.

When a claim is denied because TCM has been provided by another agency, the Office of Adult Services will contact the DHR county staff. The DHR case manager should contact the other TCM agency to determine which agency can most appropriately provide case management for the client. When a determination is made that an agency other than DHR will provide TCM and bill Medicaid, no further DHR encounters should be reported on FCBS for that client.

In accordance with policy in Chapter I, Section C, regarding "Case Records During Out-of-County Placements", the county of the client's origin retains responsibility for the case. The county of placement may elect to accept the case except when the placement is court ordered. *If the case is a court ordered placement, the county with the order should carry responsibility for the case and contact the county of placement when the reevaluation and is due.* The county of placement should report encounters completed by the social security number of the worker making the contact.

APPENDIX A

Alabama Insurance Providers Who Do Not Provide Targeted Case Management Coverage

AETNA Life Insurance Company of Illinois
Alabama Reassurance Company, Inc.
Amalgamated Life and Health Insurance Company
American Family Life ASR Company of Columbus
American Foundation Life Insurance Company
American Heritage Life Insurance Company
Associated Doctors H & L Insurance Company
Association of County Commissions
Atlanta Life Insurance Company
Atlantic American Life Insurance Company
Bankers Life and Casualty Company
Booker T. Washington Insurance Company, Inc.
Blue Cross/Blue Shield including C+
Colonial Life and Accident Insurance Company
Complete Health of Alabama, Inc.
Delta Dental Insurance Company
Education and Retirement Life Insurance Company
Employers Health Insurance Company
Equity National Life Insurance Company
First National Life Insurance Company of America
Freedom Life Insurance Company of America
Globe Life and Accident Insurance Company
Guarantee Reserve Life Insurance Company
Guarantee Trust Life Insurance Company
Health Advantage Plans, Inc.
Health Insurance Corporation of Alabama
Health Partner of Alabama, Inc.
Humana Health Plan of Alabama
Independent Life and Accident Insurance Company
Independent Life and Accident
Jefferson-Pilot Life Insurance Company
John Alden Life Insurance Company
John Hancock Insurance
Kanawah Insurance Company
Liberty National Life Insurance Company
Life Insurance Company of Alabama
Medicare
Mobile Health Plan of Alabama, Inc.
Mutual of Omaha Insurance Company
Mutual Savings Life Insurance Company
National Home Life Assurance Company
National Security Insurance Company

New York Life Insurance Company
Old American Insurance Company
Paramount Life Insurance Company
Pioneer Life Insurance Company of Illinois
Principal Health Care of Florida, Inc.
Proactive Insurance Corporation
Professional Insurance Corporation
Protective Life Insurance Company
Provident Life and Accident Insurance Company
Reserve National Insurance Company
Security Savings Life Insurance Company
Security Life Insurance Company of America
Southeast Health Plan of Alabama, Inc.
Southern United Life Insurance Company
Standard Life and Accident Insurance Company
State Farm Life Insurance Company
Time Insurance Company
Travelers Insurance Company of Illinois
Union National Life Insurance Company
United American Insurance Company
United Family Life Insurance Company
United of Omaha Life Insurance Company
World Insurance Company

APPENDIX B

Instructions for Completion of Turnaround Document for the
Federal Billing and Claiming System (FCBS)
FCBS ADULT CLIENTS (PSTCZ014)

The FCBS ADULT CLIENTS Report is divided by county and by name and social security number of the worker maintaining responsibility for the case.

Purpose

1. To record the first encounter made with a Targeted Case Management recipient during a given month. Encounters with nursing home residents, individuals in the hospital, Medicaid Waiver recipients, individuals refusing to make application for TCM services, and individuals assisted at Intake when no case is opened to service are excluded from encounter data collection.

ENCOUNTER - face-to-face or telephone contact with the client or on the client's behalf with a family member, significant other, or another agency from which the client receives or may receive services during which a core element function is performed.

TARGET GROUP - individuals 18 years of age or older who are at risk of abuse, neglect, or exploitation or who are at risk of institutionalization. This includes Medicaid and non-Medicaid eligible individuals. TCM is not provided to individuals in institutional settings or recipients of home and community based waiver.

2. To register all adult clients on the FCBS system. Although FCBS was originally designed to capture TCM data, it has been enhanced to include data on all adult service cases.

Frequency

The turnaround document is printed downline after the close of business of the 15th calendar day of each month to be used during the month received.

Distribution

Two copies are printed and should be given to the Adult Services Supervisor. One copy is retained by the Supervisor and one copy is forwarded to the designated Case Manager.

Completion

The Case Manager will complete one copy of this document by entering either the encounter date for an adult TCM client for the month specified under ENCOUNTER DATE or if there was no encounter, the case manager will enter NE.

Leave lines under services blank until a service is added or deleted for the client. When a change occurs, write in an X for each service the client is now authorized to receive.

The field for Non-Medicaid 200% or below should NOT be completed on Medicaid recipients. Write in a Y for Yes only if the client is NOT Medicaid eligible and is in the 200% or below

income level. Write in an N for No if the client later becomes Medicaid eligible.

Write the reevaluation date due (MMDDYYYY) for the client when the date needs to be updated.

The Case Manager will enter a C for Closed under the CASE STATUS column when the client's case is closed. Write the effective date of case closure (MMDDYYYY) for the status date.

Instructions for Adding a Client to the List

Client Name - Write the client's full name. (Last, First, Middle Initial)

Social Security Number - Write the SSN as it appears on the client's Social Security card or as identified in the client record. If no number is available, FCBS will assign a temporary SSN.

Case Number - write the client's DHR case number.

Encounter Date - Write the first encounter date for the month specified only if TCM is an authorized service.

Service Authorized - Mark an X under each service authorized for the client (PS, TCM, HM, DC, FC).

Non-Medicaid 200% or Below – Do NOT complete on Medicaid recipients. Enter a Y for yes only if the client is NOT Medicaid eligible and is in the 200% or below income level. Enter an N for no if the client later becomes Medicaid eligible.

Reevaluation Date Due - Write the reevaluation date due (MMDDYYYY) for the client.

Status - Write an O to indicate the case is to be opened on FCBS. Write the date the case was opened. When necessary, it is possible to Open and Close a case as needed during the same month, but not the same day.

NOTE: In situations where the county of origin is not the county of placement, it will be necessary for the worker in the county of placement to write in the client's name on the turnaround document each month an encounter is provided.

Data Entry

Send the original to the local Data Entry Operator (DEO) for FCBS. Data entry should be completed by the 15th of the month following the month of service provision to ensure prompt payment by Medicaid. The DEO should initial and date and return the form to the Case Manager.

Retention

Retain for County records until no longer useful.

APPENDIX CCounty Access to FCBS/TCM Application

A proper user SignOn will have to be established for every one who is assigned to work on FCBS/TCM. A proper user SignOn is a combination of a valid user SSN and a password. Each person assigned to work on FCBS is required to complete and sign a Confidentiality Agreement form. (See next page). All Spaces (fields) on this form will have to be completed to enable a proper and valid SignOn for each user. All requests for additions and/or updates to these SignOns must be processed in accordance with the following instructions:

The completed Confidentiality Agreement form should be faxed to the Family Services Division at (334)242-0939, ATTN: Adult Targeted Case Management. The original copy, with the worker password obliterated, is to be maintained by the County Security Administrator. Do not obliterate the worker password until after the form has been faxed to the State Office. The County will be notified when the worker has been registered by CIS.

FCBS/TCM will be available without interruption during ALL regular duty hours except on the days billing processing occurs. Once a month, users will not have access to the system for approximately one hour from 12:00 noon to 1:00 p.m. to permit billing. This date will usually vary each month.

Follow the outline below in order to access the Federal & Claiming Billing System on a CICS terminal. Please adhere to these instructions closely.

- SignOn to: DHRCICS (following instructions provided by CIS for your county)
- <CLEAR> the CICS logo screen.
-
- Key in: H201 (then depress <ENTER>).
- A menu screen will pop up which will prompt you to enter a proper SignOn. (i.e. key in your SSN and password; make your menu selection; then depress <ENTER>.)
-
- As you enter and/or update client and encounter information, you will be navigating through two screens. For additional assistance, please follow and/or refer to user instructions later in this Chapter.

**DEPARTMENT OF HUMAN RESOURCES
FEDERAL CLAIMING AND BILLING SYSTEM**

CONFIDENTIALITY AGREEMENT

1. I understand and agree to adhere to the State Department of Human Resources requirements of confidentiality; and to the requirements of confidentiality in agency program manuals; and, to the requirements of confidentiality of any Federal or State laws governing the program operations in the department.
2. I acknowledge by my signature affixed at the bottom of this document that I have read or had read to me this Confidentiality Agreement and the Alabama Computer Crime Act as follows and I agree to adhere to the terms of this agreement, departmental policy and relevant law.
3. I understand and acknowledge agreement shown by my signature below that I must not attempt or achieve access, communication, examination, or modification of data, computer programs or authorization for any reason other than that legitimately related to my functions in determining the individual's eligibility for assistance and determining the amount of assistance.
4. I understand and acknowledge agreement shown by my signature below that if I use any information regarding individuals, learned in my position with the Department of Human Resources for purposes other than to determine eligibility for agency benefits, appropriateness for referral to agencies or to provide social services within the line and scope of my employment, that I can be dismissed from employment and prosecuted to the full extent of the law.
5. I understand and acknowledge agreement shown by my signature below that if I use State Department of Human Resources' computer system for any unauthorized reason that I can be dismissed from employment and prosecuted under the Alabama Computer Crime Act, 1986 Ala. Code, cum.supp. s13A-8-100 through s13A-8-103.
6. I understand and agree as shown by my signature below that I must not reveal my unique computer name and password to anyone, except those who are authorized to give me access. I understand that I am responsible for any entry into any of the Department of Human Resources' files using my unique computer name and password.

Employee's Signature _____ Date: _____

Circle One: Data Entry Operator Social Worker Social Worker who does data entry

*****County No.: /__/_/

Worker Social Security No.: /__/_/_/ - /__/_/_/ - /__/_/_/_/

Worker First Name: /__/_/_/_/_/_/_/_/_/_/ Middle Initial: /__/_/

Worker Last Name: /__/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/

Worker Password: /__/_/_/_/_/_/_/_/_/_/ (minimum of five and maximum of ten alphanumeric characters)

Supervisor's Social Security No.: /__/_/_/_/ - /__/_/_/ - /__/_/_/_/_/

Supervisor's Name _____

Supervisor's Telephone No.: Attnet: _____; Regular: (_____)_____

ProgramArea/Division: _____

*****The above worker is authorized to access computer files in the Federal Claiming and Billing System in support of assigned tasks.

Director's Signature: _____ Date: _____

July 1997

June 2001

13A-8-100

OFFENSES INVOLVING THEFT

§ 13A-8-101

Article 5.

ALABAMA COMPUTER CRIME ACT.

§ 13A-8-100. Short title.

This article may be cited as the Alabama Computer Crime Act. (Acts 1985, No. 85-383, § 1, p. 326.)

Collateral references. - Computer as nuisance. 45 ALR4th 1212.

What is computer 'trade secret' under state law. 53 ALR4th 1046.

§13A-8-101. **Definitions.**

When used in this chapter, the following terms shall have the following meanings, respectively, unless a different meaning clearly appears from the context:

(1) **DATA.** A representation of information, knowledge, facts, concepts, or instructions which are being prepared or have been prepared in a formalized manner, and is intended to be processed, is being processed or has been processed in a computer system or computer network, and should be classified as intellectual property, and may be in any form, including computer printouts, magnetic storage media, punched cards, or stored internally in the memory of the computer.

(2) **INTELLECTUAL PROPERTY.** Data, including computer program.

(3) **COMPUTER PROGRAM.** An ordered set of data Representing coded instructions or statements that, when executed by a computer, cause the computer to process data.

(4) **COMPUTER-** An electronic magnetic, optical or other high speed data processing device or system which performs logical, arithmetic, and memory functions by manipulations of electronic magnetic or optical impulses, and includes all input, output, processing, storage, computer software, or communication facilities which are connected or related to the computer in a computer system or computer network.

(5) **COMPUTER SOFTWARE.** A set of computer programs, procedures, and associated documentation concerned with the operation of a computer, computer system or computer network.

(6) **COMPUTER SYSTEM.** A set of related, connected or unconnected, computer equipment, devices, or computer software.

(7) **COMPUTER NETWORK.** A set of related, remotely connected devices and communication facilities, including more than one computer system, with capability to transmit data among them through communication facilities.

(8) **COMPUTER SYSTEM SERVICES.** The utilization of a computer, computer system, or computer network to assist an individual or entity with the performance of a particular lawful function which that individual or entity has been given the right, duty, and power, together with the responsibility, to perform.

(9) **PROPERTY.** Anything of value as defined by law, and includes financial instruments, information, including electronically produced data and computer software and computer programs in either machine or human readable form, and any other tangible or intangible items of value.

(10) **FINANCIAL INSTRUMENT.** Includes any check, draft, warrant, money order, note, certificate of deposit, letter of credit, bill of exchange, credit or debit card, transaction authorization mechanism, marketable security or any computer system representation thereof.

(11) ACCESS. To instruct, communicate with, store data in, or retrieve data from a computer, computer system or computer network. (Acts 1985, No. 85-383, § 2, p. 326.)

s13A-8-102. Acts constituting offenses against intellectual property; punishment.

(a) Whoever willfully, knowingly, and without authorization or without reasonable grounds to believe that he has such authorization, attempts or achieves access, communication, examination, or modification of data, computer programs, or supporting documentation residing or existing internal or external to a computer, computer system, or computer network commits an offense against intellectual property.

(b) Whoever willfully, knowingly, and without authorization or without reasonable grounds to believe that he has such authorization, destroys data, computer programs, or supporting documentation residing or existing internal or external to a computer, computer system, or computer network commits an offense against intellectual property.

(c) Whoever willfully, knowingly, and without authorization or without reasonable grounds to believe that he has such authorization, discloses, uses, or takes data, computer programs, or supporting documentation residing or existing internal or external to a computer, computer system, or computer network commits an offense against intellectual property.

(d)(1) Except as otherwise provided in this subsection, an offense against intellectual property is a Class A misdemeanor, punishable as provided by law.

(2) If the offense is committed for the purpose of devising or executing any scheme or artifice to defraud or to obtain any property, then the offender is guilty of a Class C felony, punishable as provided by law.

(3) If the damage to such intellectual property is \$2,500.00 or greater, or if there is an interruption or impairment of governmental operation or public communication, transportation, or supply of water, gas, or other public or utility service, then the offender is guilty of a Class B felony, punishable as provided by law.

(4) Whoever willfully, knowingly, and without authorization alters or removes data causing physical injury to any person who is not involved in said act shall be guilty of a Class A felony, punishable as provided by law. (Acts 1985, No. 85-383, § 3, p. 326.)

Collateral references. - Criminal liability for theft of, interference with, or unauthorized use of, computer programs, files, or systems, 51 ALR4th 971.

What is computer "trade secret" under state law. 53 ALR4th 1046.

§ 13A-9-103. Acts constituting offense against computer equipment or supplies; punishment

(a)1) Whoever willfully, knowingly, and without authorization or without reasonable grounds to believe that he has such authorization, modifies equipment or supplies that are used or intended to be used in a computer, computer system or computer network commits an offense against computer equipment or supplies.

(2)a. Except as provided in this subsection, an offense against computer equipment or supplies as provided in subdivision (a)(1) is a Class A misdemeanor, punishable as provided by law.

b. If the offense is committed for the purpose of devising or executing any scheme or artifice to defraud or to obtain any property, then the offender is guilty of a Class C felony, punishable as provided by law. (b)(1) Whoever willingly, knowingly, and without authorization or without

reasonable grounds to believe that he has such authorization, destroys, uses, takes, injures, or damages equipment or supplies used or intended to be used in a computer, computer system, or computer network, or whoever willfully, knowingly, and without authorization or without reasonable grounds to believe that he has such authorization, destroys, injures, takes, or damages any computer, computer system, or computer network commits an offense against computer equipment and supplies.

(2)a. Except as provided in this subsection, an offense against computer equipment or supplies as provided in subdivision (b)(1) is a Class A misdemeanor, punishable as provided by law.

b. If the damage to such computer equipment or supplies or to the computer, computer system, or computer network is \$2,500.00 or greater, or if there is an interruption or impairment of governmental operation or public communication, transportation, or supply of water, gas, or other public utility service, then the offender is guilty of a Class B felony, punishable as provided by law. (Acts 1985, No. 85-383, § 4, p. 326.)

Collateral references. - Criminal liability for theft of, interference with, or unauthorized use of, computer programs, files, or systems, 51 ALR4th 971.

**Instructions for Data Entry
FEDERAL CLAIMING AND BILLING SYSTEM (FCBS)**

UNISYS Users:

Enter your SSN on the SignOn Screen. Press GO.
At Command Line enter s 3 c. Press GO.
Enter the LU Number. Press GO.

TELEX/Personal Computer Users:

At LOGON enter DHRCICS (as instructed by ISD for your county). Press ENTER.
Press CLEAR.
Enter H201. Press GO or ENTER.

The FCBS MASTER MENU appears upon entry into H201. To enter client information, select the following:

Enter 1 for Option.
Enter A for Program Area if entering Adult data to access FCBS ADULT CLIENT.
Enter F for Program Area if entering Children's data to access TCM ENCOUNTER LIST.
Enter your SSN and Password. Press GO or ENTER.

ENTERING ENCOUNTERS FOR CLIENT ALREADY IN THE SYSTEM:

Enter client SSN. Press GO or ENTER.
Identifying information will be shown. Press GO or ENTER. The ADD, UPDATE OR DELETE screen will appear.

At the ADD, UPDATE OR DELETE screen, key the encounter date in the following format MMDDYYYY. Press GO or ENTER. The TCM ENCOUNTER LIST or the FCBS ADULT CLIENT screen returns and is ready for you to enter the next client's Social Security Number (SSN) by overtyping the one shown.

After entering the next client's SSN proceed as above to enter the encounter date for that client.

If keying encounter dates for more than one month for the same client, key the first date, tab down to ADD ANOTHER ENCOUNTER FOR THE SAME CLIENT, overtype the N with a Y and then press GO or ENTER. The ADD, UPDATE OR DELETE screen will remain for you to enter more than one encounter date for that client. After keying in the last encounter date for that client, press GO or ENTER. You may then press the PF6 key to return to the TCM ENCOUNTER LIST screen or FCBS ADULT CLIENT screen.

If you do not use the PF6 key to return to the TCM ENCOUNTER LIST or FCBS ADULT CLIENT screen, it will be necessary to overtype the Y at the ADD ANOTHER ENCOUNTER FOR THE SAME CLIENT with an N after keying in the last date and then pressing GO or ENTER.

When you return to the TCM ENCOUNTER LIST or FCBS ADULT CLIENT screen, overtype the client SSN shown with the next client SSN and press GO or ENTER. Proceed as above to enter the encounter date or dates for that client.

NOTE: If you are entering an encounter which shows a different worker name and SSN than the one showing at the top of the ADD, UPDATE OR DELETE screen, it is not necessary to change the worker number on the FCBS ADULT CLIENT screen in order to enter the encounter. The new worker SSN can be overtyped on the SSN line below where the encounter date is entered. Each encounter should be "tied" to the worker who did the encounter.

ENTERING NEW ADULT CLIENTS:

If the Client's SSN is known:

When entering an SSN on the FCBS ADULT CLIENT screen, you will receive the message "CLIENT NOT FOUND; PLEASE ENTER CLIENT INFORMATION". Enter the client's name (Last, First, Middle Initial), client's case number, county number, status (O for Open Case or C for Closed Case), status date (date case was opened or closed, use MMDDYYYY format) and worker SSN. Enter an X for each service authorized. *Complete Non-Medicaid 200% or Below when appropriate.* Enter the Reevaluation Date Due (MMDDYYYY). When TCM is not authorized, hit the space bar to leave ADD ENCOUNTER field blank. Otherwise, the system thinks you are trying to enter a TCM encounter. If TCM is authorized, press GO or ENTER to automatically go to the ADD, UPDATE OR DELETE screen.

If the Client's SSN is not known:

Press the PF4 key. Press PF4 again to confirm. The system will enter a temporary SSN for the client. Enter the client's name (Last, First, Middle Initial), client's case number, county number, status (O for Open Case or C for Closed Case), status date (date case was opened or closed, use MMDDYYYY format), and worker SSN. Enter an X for each service authorized. *Complete Non-Medicaid 200% or Below when appropriate.* Enter the Reevaluation Date Due (MMDDYYYY). When TCM is not authorized, hit the space bar to leave ADD ENCOUNTER field blank. Otherwise, the system thinks you are trying to enter a TCM encounter. If TCM is authorized, press GO or ENTER to automatically go to the ADD, UPDATE OR DELETE screen. Write the temporary SSN for that client on the form from which the information is being entered. All temporary SSN's for Adult clients will end with 2.

NOTE: Encounters may only be entered for children who have been registered on ACWIS. The message "CLIENT NOT FOUND ON FCBS-TCM OR ACWIS" will be shown if the SSN/T# entered is not registered on ACWIS.

CHANGING OR DELETING ENCOUNTER INFORMATION:

To change or delete encounter information, enter the client's SSN on the TCM ENCOUNTER LIST screen (Program Area F) or the FCBS ADULT CLIENT screen (Program Area A) and press GO or ENTER. Tab to SELECT ITEM # and enter the ITEM number of the incorrect encounter and press GO or ENTER. As long as the STATUS of the encounter is R (a system generated code for "Ready-to-Bill"), the encounter date, worker SSN, county number and case number may be changed. Also, if an incorrect encounter date has been entered, it may be deleted on the TCM

ENCOUNTER LIST screen by entering a “Y” in the field “Delete this Record?” and press GO or ENTER.

After the bill runs, the system will change the status of the encounter to B (Billed). Following the determination by AMA, the system will change the status to either P (Paid) or D (Denied). The status of the encounter will be changed to N (Not Billable) when fiscal year data is being closed out by the DHR Finance Division.

CHANGING INFORMATION CONCERNING A CLIENT: (ADULT CLIENTS ONLY)
BASIC DATA:

The client SSN, client name, case number, client county, status, status date, worker SSN, service authorization, *non-medicaid 200% or Below*, and reevaluation date due may be changed on the FCBS ADULT CLIENT screen. After keying the change(s) for the client, press GO or ENTER. The message "CLIENT UPDATE COMPLETE" will be shown at the top of the screen. Key in the SSN of the next client for whom changes are to be made and press GO or ENTER. You must access the TCM CLIENT UPDATE/DELETE screen to delete a client. Tab to DELETE THIS CLIENT? and enter a Y. The system will not allow a client to be deleted when there are encounters listed for the client. If the client was entered in error, the encounters would have to be deleted before deleting the client. Only encounters in "R" status may be deleted.

NOTE: When changes are made to the FCBS ADULT CLIENT file that do not include a TCM encounter, it is always necessary to spacebar out the Y in the ADD ENCOUNTER field, then press GO or ENTER. Otherwise, the system thinks you are trying to add a TCM encounter.

STATUS AND DATE:

To open a case which has been closed, overtype the status of C on the FCBS ADULT CLIENT screen with an O, enter the status date (MMDDYYYY format) and press GO or ENTER. To close an open case, overtype the O on the FCBS ADULT CLIENT screen with a C, enter the status date (MMDDYYYY format) and press GO or ENTER. A case may not be opened and closed with the same status date.

When opening a case which had previously been opened and closed in another county, remember to update information such as the Case Worker SSN and the County Number, to correctly reflect where the client is now receiving TCM services. NOTE: If the case is currently in open status, it is not necessary to close and reopen before making the above changes.

SERVICE AUTHORIZATION:

Service authorization should be updated on the system as soon as possible when a change occurs. Reports will reflect what service is Xed on the system at the time reports are run.

Encounter dates should be entered into the system ONLY when Targeted Case Management is provided to a client who is authorized to receive TCM.

NON-MEDICAID 200% OR BELOW:

This is not a required field for all clients. Complete only on clients who are not Medicaid eligible and in the 200% or below income level.

ASD CLIENT HISTORY:

The history screen is for inquiry only. Information retained on this file reflects the case status (open or closed case) beginning with the system default date generated at the time of the implementation of this system enhancement (8/1/96) through the current date.

CHANGING INFORMATION CONCERNING A CLIENT: (CHILDREN ONLY)

Changes in client identifying information must be made on ACWIS. The changed information will be passed to FCBS through an on-line automated interface. The CLIENT UPDATE screen is to be used only to delete Program Area F clients erroneously registered on ACWIS. (NOTE: The system will not allow a client to be deleted when there are encounters listed for the client. If the client was entered in error, the encounters would have to be deleted before deleting the client. Only encounters in "R" status may be deleted.)

When on the TCM CLIENT UPDATE screen, press PF6 to return to the TCM ENCOUNTER LIST screen.

NOTE: At the point that Targeted Case Management services for children are no longer provided due to the fact that the child has turned 18 and/or the situation is such that any future TCM services would more appropriately be provided by an adult services worker; it will be necessary to contact the Family Services Division. FSD staff will submit a request to CIS to set up an FCBS ADULT CLIENT screen and history file. Encounters provided by the adult services worker cannot be entered until this FCBS ADULT CLIENT screen has been created. The county will be notified when the requested adult file has been established.

APPENDIX D**Instructions for Use of (PSTCZ025)
FCBS REEVALUATIONS DUE****Purpose**

The FCBS report titled "FCBS REEVALUATIONS DUE" is provided as a supervisory tool. The document will provide the Adult Services Supervisor a listing by worker of clients who have a reevaluation date due during the next month. This report is to assist the worker in planning the following month's schedule. To remove clients from this report, the next reevaluation date must be written on the FCBS Adult Clients turnaround document (PSTCZ014). If a case needs to be closed, case status and status date must also be written on the FCBS Adult Clients turnaround document.

Frequency

The report will be printed downline after the close of business of the last working day of each month.

Distribution

Two copies are printed and should be given to the Adult Services Supervisor. One copy is retained by the Supervisor and one is forwarded to the designated Case Manager.

Retention

Retain for County records until no longer useful.

APPENDIX E**Instructions for Use of (PSTCZ026)
FCBS REEVALUATIONS PAST DUE****Purpose**

The FCBS report titled "FCBS REEVALUATIONS PAST DUE" is provided as a supervisory tool. The document will provide the Adult Services Supervisor a listing by worker of clients whose reevaluation date due is one or more months past due. To remove clients from this report, the next reevaluation date must be written on the FCBS Adult Clients turnaround document (PSTCZ014). If a case needs to be closed, case status and status date must also be written on the FCBS Adult Clients turnaround document.

Frequency

The report will be printed downline after the close of business of the last working day of each month.

Distribution

Two copies are printed and should be given to the Adult Services Supervisor. One copy is retained by the Supervisor and one is forwarded to the designated Case Manager.

Retention

Retain for County records until no longer useful.

APPENDIX F**Instructions for Use of (PSTCZ027A)
ADULT SERVICES MONTHLY CASELOAD REPORT****Purpose**

The FCBS report titled "ADULT SERVICES MONTHLY CASELOAD REPORT" is provided as a supervisory tool. The document will provide the Adult Services Supervisor a listing of the open cases reflected on the system as of the date of the report for each worker. This report lists the client name, client SSN, case number, service authorized, and reevaluation date due.

A summary page will be included which shows by worker, the total open cases on the system as of the date of the report, total number of clients receiving each type of service (duplicate count), and the number of clients receiving protective services only.

There will also be a summary page which shows for the county the total open cases on the system as of the date of the report, total number of clients receiving each type of service (duplicate count), and number of clients receiving protective services only.

NOTE: A client who is placed in another county by court order will be reflected in the caseload of the worker in the county of origin NOT the county of placement.

Frequency

The report will be printed downline after the close of business of the 15th calendar day of the month.

Distribution

Two copies are printed and should be given to the Adult Services Supervisor. One copy is retained by the Supervisor and one is forwarded to the designated Case Manager.

Retention

Retain for County records until no longer useful.

APPENDIX G**Instructions for Use of (PSTCZ006)****LISTING OF ADULT TARGETED CASE MANAGEMENT PROVIDERS****Purpose**

The Listing of Adult Targeted Case Management Providers indicates by county the name of each worker (and supervisor, if appropriate), who is providing or who is expected to provide Targeted Case Management (TCM) to Adults and whether or not these providers have been certified to provide this service. All data on this report is entered by State Office staff only.

The column PROVIDER SSN lists the SSN of the worker or supervisor who is functioning as a TCM provider. If the name on the list is a worker, indicate the SSN for the worker's supervisor in the column SUPERVISOR SSN. If the name on the list is a supervisor, the column SUPERVISOR SSN is to be completed with zeros.

The CERTIFIED EFFECTIVE DATE is the date the provider completed the Adult Services TCM Certification Training (Protective Service training). This report separates and totals Providers who are Certified from Providers who are Not Certified.

Frequency

The listing will be printed downline after the close of business of the last working day of March and September.

Distribution

One copy is printed and should be given to the Adult Services Supervisor.

Action Required

The listing is to be reviewed for accuracy. Changes may include: Provider shown is no longer providing Adult TCM Services and needs to be closed; a provider's name has changed; a provider has been certified; Or, the SUPERVISOR SSN needs to be added or changed. (NOTE: If a new provider needs to be added, a Confidentiality Agreement form must be completed and FAXED to the Family Services Division. A copy of the Confidentiality Agreement form and the instructions for completing this form can be found in APPENDIX C of this chapter).

Indicate changes on the printout, make a copy for the county records, and mail original to the Family Services Division; Attn. Adult TCM within 15 days of receipt. State Office staff will make the necessary changes.

If no change is required, maintain the report in a county file.

Retention

Retain for County records until the next printout is received.

APPENDIX H**Instructions of Use of (PSTCZ104A)
SUMMARY OF RECORDED TCM PAYMENTS****Purpose**

The FCBS report titled “SUMMARY OF RECORDED TCM PAYMENTS” is provided to counties for information purposes only. The document is a listing by county, by month for the current fiscal year. It indicates the amount of money paid by the Alabama Medicaid Agency for the encounters billed by each county for a particular month of service. A column is also included showing “Total Dollars”.

Frequency

The report will be printed and mailed to county offices from the Family Services Division following each checkwrite date (the date AMA pays for encounters). This date varies each month. Some months will have more than one checkwrite date.

Distribution

The one copy received should be given to the Adult Services Supervisor.

Retention

Retain for County records until no longer useful.